REQUEST FOR COMPENSATION

FIREFIGHTER II & III WORKING OUT OF CLASS AS A STATION OFFICER (LIEUTENANT OR CAPTAIN)

I am submitting this request for compensation for working out of class as a station officer (Lieut. or Capt.). I affirm that the information contained in this request is true and accurate to the best of my knowledge.

NAME:	STATION/SHIFT:
Print	
SIX MONTH PERIOD : FROM	TO
TOTAL HOURS COMPENSABLE FROM	ATTACHED PAGE(S):
SIGNATURE:	DATE:
I affirm that I have verified this requmy knowledge.	uest and find it true and accurate to the best of
SUPERVISOR'S PRINTED NAME:	
SUPERVISOR'S SIGNATURE:	
DATE	

REQUEST FOR COMPENSATION

FIREFIGHTER II & III WORKING OUT OF CLASS AS A STATION OFFICER (LIEUTENANT OR CAPTAIN)

DATE	HOURS AS STATION OFFICER (Lieut. or Capt.)	LOCATION	OFFICER IN CHARGE VERIFICATION (Name & Rank)	OFFICER'S SIGNATURE
TOTAL HOURS				